

OCT 20 2008

OUTLET #: 1

TELEPHONE #: (973) 279-2950

Copper _____ Nickel _____

SAMPLE DATE			
MONTH	DAY	YEAR	
9	3	08	

[illegible]

MR 3

- (1) I have reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have met the non-use certification criteria for the following heavy metals:

As ☒ Cr ☒ Pb ☐ Mo ☒ Zn ☐
Cd ☒ Cu ☐ Hg ☒ Ni ☐

Therefore, I am required to monitor for these heavy metals only in March and September.

- (2) (a) I have reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have not yet met the non-use certification criteria for the following heavy metals:

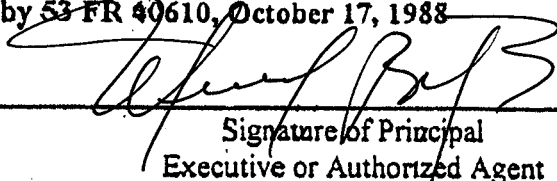
* * *
 Arsenic ☐ ☐ Copper ☒ 3 Molybdenum ☐ ☐
 Cadmium ☐ ☐ Lead ☒ 3 Nickel ☒ 3
 Chromium ☐ ☐ Mercury ☐ ☐ Zinc ☒ 3

- (b)* Means the number of additional monthly samples needed to reach 3 months in succession when the value is equal to or below the Threshold Value. I understand that I must automatically monitor for the heavy metals identified in (2) (a) above each month until the analytical results for three (3) months in succession are at or below the threshold value for that heavy metal. This will not affect my responsibility to monitor in March and September as required by Section B-103.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

10/17/2008
Date


Signature of Principal
Executive or Authorized Agent

Michael Blanchfield

President

Type Name and Title

PVSC Form 100-1000

NON USE CERTIFICATION MONITORING REPORT **LOCAL LIMITS**

NAME: Como Textile Prints, Inc.MAILING ADDRESS: 191 East Railway AvenueFACILITY LOCATION: Paterson, NJ 07503CATEGORY & SUBPART local limits PERMIT #: 27400342OUTLET #: 2CONTACT OFFICIAL: Michael BlanchfieldTELEPHONE #: (973) 279-2950

I have been authorized to certify non-use for the following heavy metals:

Arsenic <u>✓</u>	Lead <u> </u>	Zinc <u> </u>	SAMPLE DATE			
Cadmium <u>✓</u>	Mercury <u>✓</u>		MONTH	DAY	YEAR	
Chromium <u>✓</u>	Molybdenum <u>✓</u>		<u>9</u>	<u>3</u>	<u>2008</u>	
Copper <u> </u>	Nickel <u> </u>					

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
<u>Cd</u>	Sample Measurement	<u><0.004</u> ✓	<u>No</u>	<u>mg/l</u>	<u>Comp</u>
	Threshold Value	<u>0.005</u>		<u>mg/l</u>	
<u>Hg</u>	Sample Measurement	<u><0.0002</u> ✓	<u>No</u>	<u>mg/l</u>	<u>Comp</u>
	Threshold Value	<u>0.001</u>		<u>mg/l</u>	
<u>ni</u>	Sample Measurement	<u><0.004</u> ✓	<u>no</u>	<u>mg/L</u>	<u>comp.</u>
	Threshold Value	<u>0.02</u>			
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

- (1) I have reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have met the non-use certification criteria for the following heavy metals:

As	<input checked="" type="checkbox"/>	Cr	<input checked="" type="checkbox"/>	Pb	<input type="checkbox"/>	Mo	<input checked="" type="checkbox"/>	Zn	<input type="checkbox"/>
Cd	<input checked="" type="checkbox"/>	Cu	<input type="checkbox"/>	Hg	<input checked="" type="checkbox"/>	Ni	<input type="checkbox"/>		

Therefore, I am required to monitor for these heavy metals only in March and September.

- (2) (a) I have reviewed the analytical data on the reverse side of this form and any applicable prior forms and hereby certify that we have not yet met the non-use certification criteria for the following heavy metals:

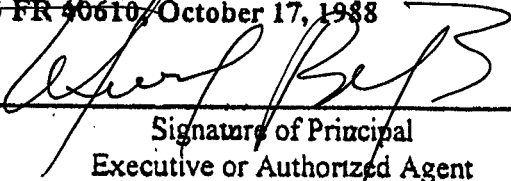
	*		*		*
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	Copper	<input checked="" type="checkbox"/>	3
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	Lead	<input checked="" type="checkbox"/>	3
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	Mercury	<input type="checkbox"/>	<input type="checkbox"/>
			Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>
			Nickel	<input checked="" type="checkbox"/>	3
			Zinc	<input checked="" type="checkbox"/>	3

- (b)* Means the number of additional monthly samples needed to reach 3 months in succession when the value is equal to or below the Threshold Value. I understand that I must automatically monitor for the heavy metals identified in (2) (a) above each month until the analytical results for three (3) months in succession are at or below the threshold value for that heavy metal. This will not affect my responsibility to monitor in March and September as required by Section B-103.

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Executive or Authorized Agent

Michael Blanchfield

President

Type Name and Title

PVSC Form 100-1000

Technion Inc.,
Testing and Research Laboratories
263 Hillside Avenue
Nutley, NJ 07110

RECEIVED SEP 19 2008

Tel : 973-661-0800

Fax : 973-661-1817

Analytical Report

Client : Como Textiles
Client Ref :
Material : Four Wastewater Samples

Date : 09/17/08
Technion Ref : 8201
Date Received : 09/03/08
Lab ID : 08: 8201

Project :

Analysis Req : BOD, TSS, pH / Metals (Cd, Cu, Pb, Ni, Hg, Zn)

Analyst : Y. Yildiz, S. Zalewski

The above sample(s) were received on 09/03/08 and analyzed as requested.

Certificate of Analysis

Test Results : Test results are as attached.

Metals Subcontracted to QC Laboratories

Release of the data contained in this hard copy data package has been authorized by the laboratory manager as verified by the following signature.


Omar Baturay
Laboratory Manager

OB/td

NJDEP No. 07004

Page 1 of 5

COMO TEXTILE PRINTS, INC.
 191 East Railway Avenue
 Paterson, New Jersey 07503
 tel: (973) 279-2950 fax: (973) 881-8450

Date: 10/17/2008

Passaic Valley Sewerage Commissioners
 Industrial Waste Control Department

RE: Computations for monitoring report

Enclosed are the computations for the enclosed monitoring report:

Service #341

Meter #70025607	7130 (CCF) * 748 =	5,333,240	gal.
Meter #60094686	90 (CCF) * 748 =	67,320	gal.

		5,400,560	gal.

5% allowance for evaporation	*	.95
		=====

Consumption #341		5,130,532	gal.
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Service #342

Meter #60094678	360 (CCF) * 748 =	269,280	gal.
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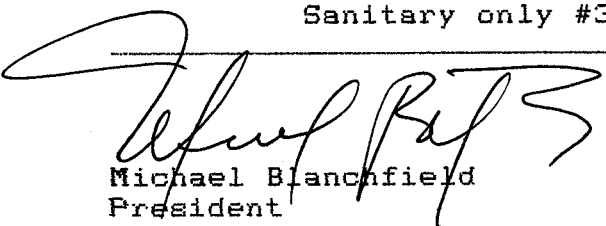
5% allowance for evaporation	*	.95
		=====

Consumption #342		255,816	gal.
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Service #343

Meter #45141583	9 (CCF) * 748 =	6,732	gal.
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Sanitary only #343		6,732	gal.
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 Michael Blanchfield
 President

pvs36A

TESTING AND RESEARCH LABORATORY
263 HILLSIDE AVENUE
NUTLEY, NEW JERSEY 07110
Tel: (973) 661-0800 • Fax: (973) 661-1817

LAB I.D.

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Industrial Department

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